

RAIVS Requests for Tax Return Photocopy of Taxpayer Filed Returns

Taxpayer

Jacquelyn Njai

Date

10/4/17

Refer to all checked boxes for your request for the taxpayer named above.

- ☐ 1. You must resubmit your request on the revised Form 4506 with revision date of 09/2015. You must also check the box above the Signature Line, which is the Attestation Box, on the revised form.
- ☒ 2. We can't respond to your request without additional information. You must submit a new Form 4506 with the corrections checkmarked on this form.
- ☐ 3. We can't accept altered forms (e.g., white-out, line-through, write-overs, labels/stickers, etc.) or stamped signatures, or the required entries on your form aren't legible. You must complete and submit a new Form 4506.
- ☐ 4. The taxpayer's information doesn't match our records, is incomplete, or is missing. You must correct the items checked below:
- ☐ Name (lines 1a/2a or line 3)
 - ☐ Tax periods (line 7)
 - Indicate each tax period requested on a separate line. If you are requesting more than eight years or periods, you must attach another Form 4506.
 - ☐ Employer identification or social security number (lines 1b/2b)
 - Be sure your TIN matches your name (SSN for individuals, EIN for businesses).
 - ☐ Address (lines 3 and 4)
 - Be sure to include your apartment or unit number with your address. If necessary, submit a *Change of Address* (Form 8822).
- ☐ 5. The taxpayer's address does not match our records. You must provide one of the following when you submit your request:
- Copies of two pieces of identification bearing the taxpayer's signature
 - An original notarized statement affirming the taxpayer's identity
 - A signed statement worded as follows: "I certify under penalty of perjury under laws of the United States of America that I am the taxpayer who filed the return / forms / transcripts request for the tax periods of: _____"
- ☐ 6. You asked us to send information to more than one third party. You must submit a separate Form 4506 for each third party recipient.
- ☐ 7. The information we need to release taxpayer information to a third party is incomplete. The name and address of the third party must be on line 5 of Form 4506.
- ☐ 8. Lines 6 through 8 of Form 4506 must be complete.
- ☐ 9. You must request individual tax information and business tax information on separate Forms 4506.
- ☒ 10. We are returning your payment to you or your designated third party.
- ☐ 11. You submitted your request with a payment. However, these documents don't require a fee, so we are returning your payment. The Return and Income Verification Services (RAIVS) team is processing your request.
- ☒ 12. Your request didn't include a payment or had an insufficient payment. A \$50 fee is required for each tax year you request.
- ☐ 13. Our office doesn't process requests for Form 5500, Annual Return/Report of Employee Benefit Plan. You request a copy of Form 5500 at:
- Public Disclosure Office, Room N-1513
Pension and Welfare Benefits Administration
200 Constitution Avenue, NW
Washington, DC 20210
- ☐ 14. We can't provide state tax documents. Please contact your local state office.
- ☐ 15. Your request didn't have the appropriate signature, title, or date. Please refer to the enclosed information to determine the appropriate signature for the type of return you are requesting information about.
- ☐ 16. You must submit one of the following authorizations to meet IRS guidelines for receiving information about another taxpayer:
- a. **Form 2848 (Power of Attorney)** that specifies which tax forms or tax matters, tax years and acts are authorized by the taxpayer.
 - b. **Form 8821 (Tax Information Authorization)** that specifies which tax forms or tax matters are authorized by the taxpayer.
 - c. **Certificate of Guardianship** or other court document granting similar authorization. :

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☐ 17. To receive information about an estate, trust, or deceased taxpayer, you must submit one of the following documents that gives you the authority to act on behalf of the estate. NOTE: The death of a taxpayer makes all previous certificates of guardianship and powers of attorney invalid.

- a. Certificate of Guardianship over the estate
- b. Letters Testamentary
- c. A Will probated by the court
- d. Other court documents identifying you as the Personal Representative, Administrator, Executor, Trustee, Beneficiary with material interest in the estate, etc., or granting similar authority.

☐ 18. We notified the third party listed on line 5 of your Form 4506 that we couldn't complete your request. However, we can't tell a third party the reasons why. The third party may contact you to get the information we need to complete your request.

You can get the forms, schedules, or publications you need by visiting our website at www.irs.gov/formspubs or calling 1-800-TAX-Form (1-800-829-3676).

If you have questions about the information in this form, you can call the Return and Income Verification Services Team at

(816) 499-5849 or fax us at

(855) 821-0094

Please refer to IDRS # N/A

For all other inquiries, you can call:

- 1-267-941-1000 for returns with an international address
- 1-800-829-8374 for individual returns with Form 2106 or Schedules C, E, or F
- 1-800-829-0922 for individual returns
- 1-800-829-0115 for business returns

Enclosures:

- ☒ Original or copy of request
- ☐ Signature stuffer
- ☐ Notice 1356
- ☐ Original taxpayer documents



Cert. Mail

Please Add requests (Copies)
from 2016-2017

pennsylvania
OFFICE OF OPEN RECORDS

STANDARD RIGHT-TO-KNOW REQUEST FORM

2nd-3rd
Request

DATE REQUESTED: 10-25-17

REQUEST SUBMITTED BY: ☐ E-MAIL ☒ U.S. MAIL ☐ FAX ☐ IN-PERSON

REQUEST SUBMITTED TO (Agency name & address): Social Security Admin.

NAME OF REQUESTER: Any Doc. req 196-44-7018 Jacquelyn Brenea' N'Jai (Jacquelyn B. Boyd)

STREET ADDRESS: 7801 Lloyd Ave. #116

CITY/STATE/COUNTY/ZIP(Required): PGH. PA 15218

TELEPHONE (Optional): _____ EMAIL (optional): _____

RECORDS REQUESTED: *Provide as much specific detail as possible so the agency can identify the information.

Please use additional sheets if necessary

(1) Documents sent to Soc. Sec. Admin by Jacquelyn N'Jai. (2) Steps taken by Soc. Sec. Admin to process (2) appeal requests. (3) If no steps written explanation why I am being barred from Appealing before a Judge (Certify please)

DO YOU WANT COPIES? ☒ YES ☐ NO

DO YOU WANT TO INSPECT THE RECORDS? ☐ YES ☒ NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? ☐ YES ☒ NO

DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS \$100? ☐ YES ☒ NO

**** PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES ****
**** IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL ****

FOR AGENCY USE ONLY

OPEN-RECORDS OFFICER:

☐ I have provided notice to appropriate third parties and given them an opportunity to object to this request (copy)

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:

***Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*

Changes do
NOT reflect
requests a
documents
(certified)

16B